

U.S. Department of Energy
CONTRACT SECURITY CLASSIFICATION SPECIFICATION (CSCS)

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1. CSSC No.:	2. Previous CSCS No.:	3a. Reason for Action: (Check One) <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Terminate b. Item Numbers Modified:	
4. This Specification Is For: (Complete as Applicable)		5. Specification Is: (Complete as Applicable)	
(Check One) a. <input type="checkbox"/> Contract or Other Number <input type="checkbox"/> Solicitation b. Contract Number: _____ End Date: _____ (Estimated) c. Contract Number of Prime: _____ End Date: _____ (Complete if registering or soliciting a subcontract) (Estimated)		a. Original (Complete data in all cases)	Date
		b. Revised (Supercedes all previous specifications)	Date
		c. Certificate of Possession	Date
		Retention of Classified Matter is Authorized Until	Date
		d. Final	Date
		Certificate of Non Possession	Date
6. General Identification of this Procurement			
7. Contractor			
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)	
8. Prime Contractor (Complete if registering or soliciting a subcontract)			
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)	
9. Actual Place of Performance (DOE Facilities) (Attach additional entries as necessary on page 3)			
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)	
Actual Place of Performance (NON DOE Facilities) (Attach additional entries as necessary)			
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)	
10. Clearance and Storage		11. This Contract Will Require Access To:	
A. Level of Facility Clearance Required: _____ B. Level of Storage Required: _____ C. Access Authorization <input type="checkbox"/> Q <input type="checkbox"/> L		A. <input type="checkbox"/> RD <input type="checkbox"/> FRD <input type="checkbox"/> NSI B. <input type="checkbox"/> SCI <input type="checkbox"/> COMSEC <input type="checkbox"/> OTHER DCI CAVEAT <input type="checkbox"/> FGI <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> NATO	
12. In Performing this Contract, the Contractor Will:			
<input type="checkbox"/> Have Access to Classified Information Only at Another Contractor's Facility or a Government Activity <input type="checkbox"/> Generate Classified Matter <input type="checkbox"/> Perform Services That Require Unescorted Access to Security Areas <input type="checkbox"/> Have Access to U.S. Classified Information Outside the U.S., Puerto Rico, U.S. Possessions and Trust Territories <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Receive Classified Matter <input type="checkbox"/> Fabricate, Modify, or Store Classified Items (e.g., Hardware or Substances) <input type="checkbox"/> Be Authorized to Use the Services of the Office of Scientific & Technical Information to Receive Classified Matter <input type="checkbox"/> Require a COMSEC Account <input type="checkbox"/> Be Authorized to Use the Defense Courier Service	

13. Classification Guidance

The classification guidance needed for this classified effort is identified below. Note: Guidance which is in itself classified should be referenced here and provided under separate cover.

14. Security Requirements

Security requirements are established for this contract and are identified in the following contracts/solicitation clauses.

- ☐ DEAR 952.204-2 Security Requirements ☐ DEAR 952.204-73 Facility Clearance (Solicitation)
☐ DEAR 952.204-70 Classification/Declassification ☐ DEAR 970.5204.1 Counterintelligence (for management contracts ONLY)

15. Surveys

DOE Surveying Office Is _____

Elements of this contract are outside the survey responsibility of the lead responsible office and/or the surveying office.

- ☐ No ☐ Yes (Identify specific areas and provide explanation/justification for each)

16. Certification and Signature. Security requirements stated herein are complete and adequate for safeguarding the classified information to be released or generated under this classified contract. All questions shall be referred to the official named below:

A. Typed Name of Procurement Request Originator

B. Title and Organization

C. Telephone (Include Area Code)

D. Address (Include Zip Code)

E.

Signature _____

Date _____

17. Typed Name of Contracting Official

Signature _____

Date _____

18. Typed Name of Classification Officer (Approval of Block 13)

Signature _____

Date _____

19a. Typed Name of Local DOE Security Officer

a. Responsible Office

Signature _____

Date _____

20. Required Distribution

- ☐ Contractor ☐ Administering Contracting Officer
☐ Subcontractor ☐ Surveying Office If Different than LRO
☐ Lead Responsible Office (LRO) ☐ Others, as Necessary

21. General Comments:

9. Actual Place of Performance - DOE Facilities		
a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
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a. Facility Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)

9. Actual Place of Performance - NON DOE Facilities		
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
a. ID Code	b. Name, Address, and Zip Code	c. Lead Responsible Office (Name, Address, and Zip Code)
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